11/16/10 #4

NAMI Illinois

National Alliance on Mental Illness

NAMI, the National Alliance on Mental Illness is a support, education and advocacy organization for people living with mental illness and their families. NAMI's priority is simple. We want to ensure that children and adults living with mental illness receive the services and supports they need to experience lives of resiliency, recovery and inclusion.

One in seventeen adults lives with a serious mental illness like schizophrenia, major depression or bipolar disorder and one in ten children are affected by a serious mental health disorder.

Mental illness is common – and so is recovery.

But the reality remains, most people do not get the right care at the right time. Health plans fail to routinely provide equitable coverage of quality mental health care. No one will achieve a quality health care system without quality treatment for mental illness. We can do better.

The new health care law and federal parity provide important opportunities to expand coverage for children and adults who live with mental illness. NAMI's expectations for mental health coverage and quality care are captured in one single goal with three priorities for all major payers of health care.

One goal:

Children and adults with mental illness receive the right care at the right time and in the right place to experience lives of resiliency, recovery and inclusion.

Three priorities:

* Public and private health plans should provide an essential benefit set of effective services and supports for children and adults living with mental illness and co-occurring disorders.

* Public and private health plans should have an adequate workforce of primary care and specialty providers who are well-trained in effective and culturally competent services and supports for children and adults living with mental illness and co-occurring disorders.

* Integration of care for mental health addictions and other medical conditions should be the norm in all public and private health care settings.

All major payers, including Medicaid, private health plans and state mental health agencies, should be held accountable to NAMI's goal and priorities for mental health care.

NAMI ILLINOIS AFFILIATES

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Champaign County
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North Central Illinois (Ottawa)
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The attached set of questions must be addressed and answered as planning occurs.

Workforce Development:
Public and private health systems must have healthcare providers in numbers and locations adequate to provide timely, appropriate services. Illinois' shortage of mental health professionals significantly impacts access to needed treatment and contributes to inadequate care and unsafe conditions.

Illinois' low reimbursement rates for mental health services is a major barrier to recruitment of qualified mental health staff and poses fiscal challenges to providers of care.

All too many academic training programs and provider systems fail to train providers on the most effective, evidence-based interventions for children and adults living with mental illnesses. To address our need for timely, quality care that improves outcomes, active recruitment, quality training and retention of providers is essential.

Integration of Mental Health, Addictions and Primary Care:
Well integrated, person-centered care is integral to promoting early identification and treatment of mental illness and co-occurring disorders and to improving both access to care and health outcomes at every age.

Integration is vital as people with serious mental illnesses are at increased risk for co-occurring medical conditions, yet few receive integrated treatment to address multiple conditions. People with serious mental illnesses die, on average, 25 years earlier than other Americans, largely of treatable health conditions.

Primary care settings are where most people get their health care, yet mental illness often goes undiagnosed and untreated by primary care providers. Despite its prevalence, only about 50% of depression cases are correctly identified in primary care.

And significantly, half of all chronic mental illness occurs by age 14: three-quarters by age 24. However, there is a median delay of a decade between the onset of mental illness and initial treatment, resulting in unnecessarily worsened – even disabling – conditions that are more difficult to treat.

We can do better, and we must do better. NAMI staff and volunteers will be glad to work with you through every step of this journey. If we can achieve our goal related to "the right care, at the right time and in the right place" Illinois can have a stronger, better, more inclusive mental health system, but most importantly Illinois can have improved outcomes for individuals and families living with mental illnesses.

Questions on Workforce Development

Prioritize Recruitment and Retention

☑ Are payers implementing effective strategies to recruit, train and retain qualified health care providers to provide effective treatment for mental illness and co-occurring disorders, to increase workforce diversity and to meet the needs of rural and underserved populations?

☑ Are universities, community colleges, hospitals and behavioral health providers working together to increase the behavioral health workforce?

Extend Capacity

☑ Are peer-delivered education and support services available for individuals and families who live with mental illness and co-occurring disorders?

☑ Are illness self-management programs available for individuals who live with mental illness and co-occurring disorders?

Enhance Quality of Training

☑ Are educational programs providing effective training in evidence-based treatment of serious mental illness and co-occurring disorders and the concepts of wellness and recovery?

☑ Are behavioral health providers provided on-going training in the delivery and supervision of evidence-based interventions for individuals with serious mental illness and co-occurring disorders?

☑ Are persons in recovery and family members engaged in meaningful roles in formal education and training programs and on-going staff education, training and quality improvement efforts?

Improve Accountability

☑ Are networks of providers are adequate to ensure timely, accessible and effective mental health treatment by qualified providers?

☑ Are providers reimbursed at rates reflecting the true cost of providing effective and evidence-based interventions for serious mental illness and co-occurring disorders?

☑ Do education curricula, training and program accreditation, certification and licensure requirements include treatment competencies for mental health and co-occurring disorders?

☑ Is standardized data on meaningful performance, process and outcome measures, including data by race and ethnicity publicly available?

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[2] Clark, Westley H., J.D. M.P.H., CAS, FASAM, *SAMHSA Strategic Initiatives: Behavioral Health Workforce and Health IT,* NASADA/NPN/NTN Annual Meeting. Norfolk, VA. June 3, 2010.
[3] U.S. Department of Health & Human Services, Health Resources and Services Administration (HRSA), *Designated Health Professional Shortage Areas (HPSA) Statistics.* September 3, 2010. Web. September 4, 2010.
[4] U.S. Department of Health and Human Services. *Mental Health: Culture, Race, and Ethnicity. A Supplement to Mental Health: A Report of the Surgeon General,* 2001.
[5] Non-Hispanic Whites account for 90.2 percent of all psychiatric nurses and 94.7 percent of psychologists. Source: Hoge, Michael A. et al., The Annapolis Coalition on the Behavioral Health Workforce, *An Action Plan for Behavioral Health Workforce Development,* DHHS Pub. No. 280-02-0302. 2007. Web. September 4, 2010.
[6] Ibid.
[7] The Annapolis Coalition on the Behavioral Health Workforce, *Severe Mental Illness.* Web. September 1, 2010.
[8] U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HRSA Geospatial Data Warehouse, *Health Professional Shortage Areas.* Web. September 4, 2010. [http://datawarehouse.hrsa.gov/hpsadetail.aspx].

Questions to Promote Integration of Care

Prioritize Integrated Care

☑ Are payers requiring integration and coordination of behavioral health (mental health and addictions services) into primary care settings and primary care into behavioral health settings?

Improve Clinical Practice

☑ Are care managers/behavioral health consultants and consulting psychiatrists an integral part of primary care settings, especially in medical or health care homes?

☑ Are medical nurse practitioners, nurse care managers and supervising physicians an integral part of behavioral health settings, especially in health care homes?

☑ Is telehealth used to provide children and adults with specialty medical or behavioral health needs or to serve geographically remote areas?

☑ Is an array of evidence-based and other effective services for mental health and co-occurring conditions available and accessible?

☑ Do behavioral health providers routinely screen for common health conditions?

☑ Do primary care providers routinely screen for mental illness and substance use conditions?

☑ Is case management provided to people with serious mental illness or co-occurring conditions?

☑ Are integrated mental health and addictions services provided in a single setting?

Promote Patient-Centered Care

☑ Are youth, adults and families affected by mental illness involved in the development of integrated models of care?

☑ When requested by the individual or a minor's family, is information about previous health conditions shared between primary and behavioral health care providers?

☑ Are individuals able to designate a behavioral health provider as their medical or health care home?

☑ Are there primary care and specialty behavioral health providers that are easily accessible for children and adults who live with serious mental illness or co-occurring conditions?

☑ Are health promotion programs on illness self-management, exercise, nutritional counseling and smoking cessation provided to people with serious mental illness and co-occurring disorders?

☑ Is there a single treatment plan for every individual that includes both medical and behavioral components?

☑ Is there a treatment team working together to deliver care to individuals who live with serious mental illness or co-occurring disorders?

Provide Incentives

☑ Do payers provide financial and performance incentives for providing integrated and evidence-based care for people with serious mental illness or co-occurring conditions?

☑ Are providers of primary care and behavioral health care services held accountable for the health of the whole person?

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[1] Parks, Joe, et al, National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council. *Morbidity and Mortality in People with Serious Mental Illness.* October 2006.

[2] Substance Abuse and Mental Health Services Administration (2007, February) *National Outcome Measures (NOMs) for Co-occurring Disorders* [Citing 2005 data from the National Survey on Drug Use and Health (NSDUH)]

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[4] Levinson Miller, C, et al; Barriers to Primary Medical Care among patients at a community mental health center; *Psychiatric Services* (August 2003) Vol, 54 No. 8.